

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WALLACE NEAL BOWMAN
GARY F BOWMAN
NANCY LEE BOWMAN
ILLONA BOWMAN
C/O WALLACE N BOWMAN
402 S 750 E
DIETRICH ID 83324
37-7465A

2. Article Number

(Transfer from service label)

7005 1160 0000 1505 2164

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Neal Bowman

☐ Agent☐ Addressee

B. Received by (Printed Name)

Neal Bowman

C. Date of Delivery

10-6-08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED
OCT 11 2008
DEPARTMENT OF
WATER RESOURCES

IDAHO DEPT OF WATER
RESOURCES
ATTN DEBORAH GIBSON
PO BOX 83720
BOISE ID 83720-0098

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

10/3/08

Postmark
Here

dy

Sent To
C/O WALLACE N. BOWMAN
Street, Apt. No.;
or PO Box No. 402 S. 750 E.
City, State, ZIP+4
DIETRICH ID 83324

7005 1160 0000 1505 2164